

Vilas County Clerk of Circuit Court

PAYMENT PLAN APPLICATION

This application must be filled out completely – **PLEASE PRINT.**
A \$10.00 fee for each payment plan request will be assessed at the time the payment plan is granted.

CASE NUMBER(S)		DATE	
FIRST NAME		MIDDLE NAME	
LAST NAME			
ARE YOU KNOWN BY ANY OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST OTHER NAME(S) ARE YOU KNOWN BY		DATE OF BIRTH
HOME STREET ADDRESS		MAILING ADDRESS (INCLUDING P.O. BOX)	
CITY		STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER	
DRIVER'S LICENSE/ID CARD NUMBER	STATE WHERE ISSUED <input type="checkbox"/> WI <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> IL <input type="checkbox"/> OTHER: _____		NAME ON CARD
SOCIAL SECURITY NUMBER			
DO YOU CURRENTLY HAVE A PAYMENT PLAN IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE CASE #:		HOW MUCH CAN YOU PAY PER MONTH: \$

I have answered these questions truthfully and accurately, to the best of my ability. I have been given the Statement of Policy regarding my payments and understand my responsibilities to the Clerk of Courts Office for the duration of this payment plan agreement, should the Court approve this application.

Signature _____ Date _____

FOR OFFICE USE ONLY	PAYMENT PLAN REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED APPROVED/DENIED BY _____
	MONTHLY AMOUNT: \$ _____
	PAYMENT DUE DATE: _____
	PAYMENT PLAN FEE: <input type="checkbox"/> RECEIVED WITH REQUEST <input type="checkbox"/> TO BE PAID WITH FIRST MONTHLY PAYMENT

**VILAS COUNTY CIRCUIT COURT
POLICY STATEMENT
PAYMENT PLAN AGREEMENT**

The Court views the obligation to pay fines, costs and fees seriously and expects payment of the specified amount no later than the due date(s) – WITHOUT EXCEPTION.

1. Pursuant to sec. 973.05, Wisconsin Statutes, fines/costs must be paid within 60 days of the conviction date unless otherwise ordered by the Court. The burden of how the court ordered obligation is paid rests on the defendant and is not the responsibility of the Court.
2. Payments are to be paid to:

**Clerk of Court
Vilas County Courthouse
330 Court Street
Eagle River, WI 54521**

**Please note in the memo section of your check or money order that the payment is for your payment plan.
THERE WILL BE A STATUTORY FEE FOR ALL FUNDS RETURNED DUE TO INSUFFICIENT FUNDS.**

TO MAKE PAYMENTS ONLINE

OPTION #1

Government Payment Service, Inc.

www.GovPayNow.com

Pay Location Code (PLC): 5480

Accepts MasterCard, VISA, American Express, Discover, and Debit Cards

A service fee is charged for the transaction.

OPTION #2

Wisconsin Circuit Court Access Website

wcca.wicourts.gov/payOnline.html

Accepts MasterCard, VISA, and electronic check

A service fee is charged for the transaction.

TO MAKE PAYMENT BY PHONE

Government Payment Service, Inc.

[888-604-7888](tel:888-604-7888)

Pay Location Code (PLC): 5480

Accepts MasterCard, VISA, American Express, Discover, and Debit Cards

A service fee is charged for the transaction.

3. Failure to make payments ordered by the Court may result in tax intercept, a warrant for your arrest, suspension of your driving privileges, and/or a civil judgment against you. Your account may also be turned over to a collection agency.
4. Failure to make payments ordered on any case type may result in the Wisconsin Department of Revenue intercepting you income tax refund until the fine has been paid in full, according to Wisconsin Statute 71.935. We have asked you to provide your social security number for this purpose.
5. It is your responsibility to keep this office informed of any change in financial circumstances, change of phone number, or change of address by written notification.

**PLEASE NOTE THAT FAILURE TO PAY A MONTHLY PAYMENT
WITHOUT MAKING PRIOR ARRANGEMENTS WITH THE COURT WILL RESULT IN THE
TERMINATION OF THE PAYMENT PLAN AGREEMENT.
ALL BALANCES WILL BE DUE IMMEDIATELY AND ENFORCEMENT ACTIONS
NOTED ABOVE WILL BE TAKEN WITHOUT FURTHER NOTICE.**